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## **Table of Contents**

**State/Territory Name:** Montana

**State Plan Amendment (SPA) #:** MT-17-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Denver Regional Office  
1961 Stout Street, Room 08-148  
Denver, CO 80294



**REGION VIII - DENVER**

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September 21, 2017

Marie Matthews, Medicaid & CHIP Director  
Montana Department of Public Health & Human Services  
P.O. Box 4210  
Helena, MT 59604

Re: Montana #17-0002

Dear Ms. Matthews:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-17-0002. This amendment adds group prenatal care to the Preventive Services State Plan.

Please be informed that this State Plan Amendment was approved today, with an effective date of July 1, 2017. We are enclosing the summary page and the amended plan page(s).

In order to track expenditures associated with this amendment, Montana should follow the CMS-64 reporting instructions outlined in Section 2500 of the State Medicaid Manual (SMM).

For those individuals whose expenditures qualify for the newly eligible federal medical assistance percentage report on the Form CMS-64.9 VIII and those not enrolled in the new adult group, claims should be reported on the Form CMS-64.9.

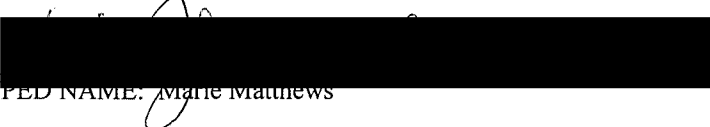

For Preventive Services addition of group prenatal health education (Promising Pregnancy Care) expenditures should be reported on:

Line 34 – Diagnostic Screening & Preventive Services

If you have any questions regarding this SPA please contact Barbara Prehmus at (303) 844-7472.  
Sincerely,

Richard C. Allen  
Associate Regional Administrator  
Division for Medicaid & Children's Health Operations

cc: Sheila Hogan, Department Director  
Duane Preshinger  
Jo Thompson  
Mary Eve Kulawik

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 17-0002	2. STATE Montana
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 07/01/17	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: SSA 1905(a)(13) and 42 CFR 440.130		7. FEDERAL BUDGET IMPACT: a. FFY 17: \$ 6,878 b. FFY 18: \$27,493 c. FFY 19: \$20,796	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Supplement to Attachment 3.1A, Service 13.c, Preventive Services, Page 10 of 10. Supplement to Attachment 3.1B, Service 13.c, Preventive Services, Page 10 of 10. Attachment 4.19B, Service 13.c, Preventive Services, Page 4 of 4.		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  N/A	
10. SUBJECT OF AMENDMENT:  The purpose of this amendment is to add group prenatal care to the Preventive Services State Plan. The update is necessary to improve health outcomes for mothers and infants.			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Single Agency Director Review	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Montana Department of Public Health and Human Services Marie Matthews Attn: Mary Eve Kulawik PO Box 4210 Helena MT 59620	
13. TYPED NAME: Marie Matthews		17. DATE RECEIVED: June 30, 2017	
14. TITLE: State Medicaid Director		18. DATE APPROVED: September 21, 2017	
15. DATE SUBMITTED: original 6-30-17 resubmittal 9-21-17		FOR REGIONAL OFFICE USE ONLY	
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2017		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Richard C. Allen		22. TITLE: ARA, DMCHO	
23. REMARKS:			

## MONTANA

Promising Pregnancy Care (PPC) is Medicaid's reimbursable group prenatal care program. These preventive services are rendered by a physician or mid-level provider.

A Medicaid member who becomes pregnant can receive this service if the practitioner they choose is enrolled in a state-approved Medicaid program.

### Definitions

Facilitated Group Education and Support is a combination of discussion and interactive activities lead by a physician or mid-level provider, designed to address health topics and allow the participants opportunities for open discussion.

Group prenatal care is a combination of individual prenatal care with facilitated group education and support. The groups are made up of four to twelve pregnant women with similar due dates. Each session starts with a brief individual assessment with the care provider that is conducted in a private area within the same room. During this individual assessment time, the other members are taking part in designated self-care activities, and having informal conversation with other participants. After all the assessments are completed, the group begins facilitated discussions on the designated health topic for the session.

A state-approved program is defined as a program that meets the education requirements of the Department; or is Centering Certified through the Centering Healthcare Institute and has been approved for reimbursement by the Department.

### Data Collection

Data on all pregnant Medicaid members under the participating PPC provider's care must be collected and reported to the Department. The program must also include a member satisfaction survey, the results of which are reported to the Department semi-annually.

### Qualified Practitioners

The practitioners listed below are eligible to provide PPC services within their scope of practice under State law; supervise other provider types who can provide PPC; and assume professional liability for the care of the members.

- 1) Physicians; and
- 2) Mid-level practitioners.

PPC services may be provided by a qualified practitioner in:

- 1) Outpatient Hospitals,
- 2) Federally Qualified Health Centers;
- 3) Rural Health Clinics;
- 4) Indian Health Services/Tribal Health Services;
- 5) Groups/Clinics;
- 6) Public Health Departments; and
- 7) Birthing Centers.

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MONTANA

- I. Effective July 1, 2017, reimbursement for Promising Pregnancy Care by a Physician or Mid-Level Practitioner shall be paid to the Montana Medicaid-enrolled medical practitioner or facility. Unless otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers and published at <http://medicaidprovider.mt.gov>.
- II. Reimbursement for Promising Pregnancy Care provided:
  - A. By an office-based Physician, shall be the lower of:
    - 1. The provider's usual and customary charge for the service; or
    - 2. Reimbursement under the Attachment 4.19B, Methods and Standards for Establishing Payment Rates for Service 5(a), Physicians' Services.
  - B. By a Mid-Level Practitioner, shall be the lower of:
    - 1. The provider's usual and customary charge for the service; or
    - 2. Reimbursement under the Attachment 4.19B, Methods and Standards for Establishing Payment Rates for Service 17, Nurse Midwife Services.
  - C. At a Rural Health Clinic, shall be reimbursement under the Attachment 4.19B, Methods and Standards for Establishing Payment Rates for Service 2 B, Rural Health Clinics.
  - D. At a Federally Qualified Health Center, shall be reimbursement under the Attachment 4.19B, Methods and Standards for Establishing Payment Rates for Service 2 C, Federally Qualified Health Centers.
  - E. At Indian Health Service/Tribal Health Services, shall be reimbursed under the Attachment 4.19B, Methods and Standards for Establishing Payment Rates for Service 9a, Indian Health Services/Tribal Health Services.
  - F. In an Outpatient Hospital setting, shall be reimbursed under the relevant fee schedule of the qualified practitioner. There is no facility fee paid in addition to the practitioner fee.